

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID BILLUPS

211-903

ROSS CORR. INST.

P.O. BOX 7010

CHILLICOTHE, OH 45601

2. Article Number
(Transfer from service label)

7001 2510 0008 6349 5702

A. Signature <i>X Tom Hatfield</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>TOM HATFIELD</i>	C. Date of Delivery <i>1-2-04</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811, August 2001

1:01cv377-#133 Domestic Return Receipt

102595-01-M-2509